

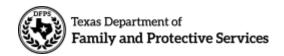
CONTRACTOR MONTHLY REPORT

Purpose: The contractor uses this form to record information about Preparation for Adult Living (PAL) life skills assessment and life skills training services.

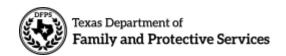
Directions: The contractor must fill in the information on this form and mail or email the completed form to the DFPS PAL staff on or before the fifteenth calendar day of the month after the month of service. Contractor performance results must also be reported to the DFPS PAL staff along with this form. If the contractor has questions, the contractor asks the DFPS PAL staff.

CONTRACTOR INFORMATION

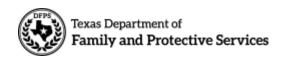
Agency Name:		Month of Service:	
LIFE SKILLS ASSESSMENT			
Number of Youth Who Completed Life Skills Assessment:			
Number of Caregivers Who Completed Life Skills Assessment:			
Youth Name:	Youth's Completion Date:	Caregiver Name:	Caregiver's Completion Date:



		CLASS INFORMATION (CLASS 1)	
Date:	Location:		Core Element:
Instructor:		Did foster alumni or youth volunteers assist with teaching this class? Yes, foster alumni Yes, youth volunteers Yes, both No	Were snacks or meals provided? (If yes, specify. For example: lunch and snack.)
Number of Youth Who Attended This Class:			
Youth Names (If a youth took the class as a make-up, note "make-up" beside name.):			

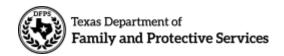


CLASS INFORMATION (CLASS 2, IF APPLICABLE)			
Date:	Location:		Core Element:
Instructor:		Did foster alumni or youth volunteers assist with teaching this class? Yes, foster alumni Yes, youth volunteers Yes, both No	Were snacks or meals provided? (If yes, specify. For example: lunch and snack.)
Number of Youth Who Attended This Class:			
Youth Names (If a youth took the class as a make-up, note "make-up" beside name.):			

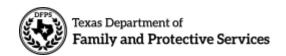


Number of Youth Who Received Study Guides:		
Youth Name:	Date Sent (if sent by mail or electronically) or Date Received (if given in person):	
LIFE SKILLS TRAIN	ING COMPLETIONS	
Number of Youth Who Completed Life Skills Training:		
Youth Name:	Date of Completion:	

INDEPENDENT STUDY GUIDE



PAL LIFE SKILLS TRAINING KNOWLEDGE ASSESSMENT			
Number of Youth Who Completed Knowledge Assessment (End-of-Course Test):			
Youth Name:		Date of Completion:	
	INCEN	TIVES	
Number of Youth Who Receiv	ved an Incentive:		
Youth Name:	Incentive:	Description (What did the youth receive this incentive for?):	Date Received:
	Allowance (\$5.00)		
	Other (specify):		
	Allowance (\$5.00) Other (specify):		
	Allowance (\$5.00) Other (specify):		
	Allowance (\$5.00)		
	Other (specify):		
	Allowance (\$5.00) Other (specify):		
	Allowance (\$5.00)		
	Other (specify):		
	Allowance (\$5.00) Other (specify):		
	Allowance (\$5.00) Other (specify):		
	Allowance (\$5.00) Other (specify):		
	other (specify).		



PAL VALUE ADDED SERVICES			
Service:	Date Provided:	Estimated Value:	

COMMUNITY REPRESENTATIVES			
Number of Community Representati	ves Who Participated:		
Name of Community Representative:	Organization:	Core Element:	Date of Participation:

PERSON COMPLETING FORM		
Name of Training Facilitator:	Date Mailed or Emailed to DFPS PAL Staff:	